PART B - FEE(S) TRANSMITTAL Completerand send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents MAR 0 8 2007 P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 In STRUCTION STRUCTION STRUCTION STRUCTION STRUCTION STRUCTION FEE (if required). Blocks 1 through 5 should be completed where and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 41022 7590 12/14/2006 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. MARLANA TITUS 6005 RIGGS ROAD LAYTONSVILLE, MD 20882 (Depositor's name) 03/09/2007 HBELETE2 00000016 10733512 (Signature) 1400.00 OP (Date) 02 FC:1504 300.00 DP APPLICATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE 10/733,512 12/11/2003 Carsten Ziegs H&U119 9222 TITLE OF INVENTION: HAND-OPERATED TOOL WITH HANDLE PREV. PAID ISSUE FEE ISSUE FEE DUE PUBLICATION FEE DUE TOTAL FEE(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY nonprovisional NO \$1400 \$300 \$0 \$1700 03/14/2007 CLASS-SUBCLASS **EXAMINER** ART UNIT FLORES SANCHEZ, OMAR 3724 030-381000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list nosh and Titus, Cle (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE olmar EmbH Hamburg, Germany Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 📈 Corporation or other private group entity 🗖 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500 86> (enclose an extra copy of this form). Advance Order - # of Copies ___ 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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